

OFFICE OF THE GOVERNOR AND LT. GOVERNOR

Iowa State Capitol Des Moines, IA 50319 515-281-5211

www.governor.iowa.gov

Send this application form, a cover letter, and a copy of your resume to:

Email: alex.byrnes@governor.iowa.gov

Mail: Office of the Governor, Attn: Internship Program, State Capitol, Des Moines, IA 50319

Note: All internships are unpaid

First Name	Last Name	e
Areas of Interest (Mark all t	hat apply)	
Legal: (all Legal Intern	ns must be currently enrolled in	n law school)
Communications/Marketing:		
Policy:		
Agriculture: Health: _	Economic Developmen	t/Workforce: Education:
Circle the Internship cycle(s	s) you are available for:	
Spring	Summer	Fall
(January – May)	(May – August)	(August – December)
Spacify dates of availability	•	

Note: You must commit to at least 16 hours per week to	qualify. The office is open 8:0	0 am – 4:30 pm.	
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
CONTACT INFORMATION			
Address:	State:	Zip:	
Cell Phone:			
E-mail Address:			
EDUCATION			
High School:			
College(s) Attended:			
Expected College Graduation Date:			
Major(s):			
Minors(s):			

Specify the weekdays and hours you will be able to work weekly:

GPA: _____

Name	Phone:
rume.	i none
REFERENCES	
Please provide three references	
1. Name:	
Address:	
Phone:	
Relationship:	
2. Name:	
Address:	
Phone:	
Relationship:	
3. Name:	
Address:	
Phone:	
Relationship:	
Additional comments:	